

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 5125 MICHAUX ROAD GREENSBORO, NC 27410
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C 000	<p>Initial Comments</p> <p>This is a Report of a Biennial Construction Survey conducted by Greg Cates and Bob Getchell on July 16, 2015.</p> <p>Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about September 27, 2011 for One Hundred (100) residents, including Forty-Eight (48) Special Care residents. Based on this information, we are requiring the facility to meet the 2005 Regulations for Adult Care Homes, and the 2009 Edition of the North Carolina State Building Code-Section 419 Institutional Occupancy.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the facility failed to</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 101	Continued From page 1 ensure that the building meets the NC State Building Code regarding delayed egress. This deficiency directly affects all residents, personnel, and visitors who may have to exit the Special Care Wing in an emergency. Findings on include: a- The EXIT doors leading from both Special Care wings are equipped with a 15-second delayed egress system but the doors are not labeled with the required signage designating it as delayed egress.	C 101		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, fire safety, electrical, mechanical, and plumbing systems are maintained safe and operating. These deficiencies may affect residents, staff, or visitors in the facility. Findings on include: a- There is a duplex receptacle located in the Beauty Shop located beside the hand-wash sink	C 189		

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C 189	<p>Continued From page 2</p> <p>that is not GFCI protected.</p> <p>2- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.</p> <p>Findings on include:</p> <p>a- There are wedges, kick-down devices, furniture, or other items propping open the corridor doors to the following areas, to include but not limited to:</p> <ul style="list-style-type: none"> 1- Most resident rooms. 2- Most offices 3- Special Care/ 400 Hall Activity Room 4- Special Care/ 400 Hall Med Room 5- Wellness Room 6- Clean Linen Room (Main Laundry) 7- Sunroom <p>b- The fire doors located outside of the Special Care Unit and beside the Wellness Center have an approximately 3/4 inch gap between the doors.</p> <p>c- In the Special Care Unit /400 Hall Soiled Linen Room, the filter tubes for the fish tank penetrate a one-hour wall with unsealed gaps around them.</p> <p>d- The middle Dining Room door does not completely latch as the top flush-bolt is not activating.</p> <p>e- There are unprotected penetrations in the following locations to include but not limited to:</p> <ul style="list-style-type: none"> 1- Special Care Unit/ 200 Hall Med Room ceiling. 2- Two PVC conduits penetrating the fire wall in the attic near the Dining Room and Activity Room. 3- Firewall in the attic located near Room 113. 	C 189		

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C 189	Continued From page 3 4- 100 Hall Mechanical Room ceiling. 2- Based on observations, the facility failed to ensure that the fire safety systems are maintained safe and operating. Findings include: a- The emergency light located at the front entry does not illuminate on battery power.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. Findings include: a- The exhaust fan located in the Special Care/	C 199		

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C 199	Continued From page 4 400 Hall Laundry Room is turned off at the breaker due to mechanical malfunction.	C 199		